

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/830837** FILED 10/10/1995
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
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7	/		/			
8	/		/			
9	/		/			
10	①		/			
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12	①		/			
13	①		/			
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18	①		/			
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49			/			
50			/			
TOTAL D.	7		7			
TOTAL DEP.	30	→	46	→		→
TOTAL CLAIMS	30		53			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						